

2742

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>284</u>	
District of <u>Peoria</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>1679</u>	
Town of <u>Peoria</u>		Local Registrar No. <u>3</u>	
or			
City of _____ No. _____ St. _____ Ward _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Charles Melvin Bigger</u>	If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>M</u> To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Oct 14 1922</u> (Month, day, year)
5. No., in order of birth. _____			
8. FATHER Full name <u>Thomas Charles Bigger</u>		14. MOTHER Full maiden name <u>Blanche Copelan</u>	
9. Residence (Usual place of abode) <u>Shull Valley Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Shull Valley Ariz.</u> If nonresident, give place and State	
10. Color or race <u>W</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Arizona</u> (State or country)		18. Birthplace (city or place) <u>Utah</u> (State or country)	
13. Occupation <u>Rail Road Watchman</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:45 A.M.</u> on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Dr. Ross E. Martin</u> (Physician or midwife)	
Given name added from a supplemental report. _____ (Month, day, year)		Address <u>Peoria Ariz.</u>	
322-1014-235 Registrar.		Filed <u>11</u> - _____, 19 <u>22</u> Local Registrar. Filed <u>11</u> - <u>10</u> , 19 <u>22</u> County Registrar.	